

# Psychology Externship Application

## North Florida South Georgia Veterans Health System

Please complete the following fields of information. Most fields require text entry.

### PERSONAL INFORMATION

Last Name:	First Name:	Home or Mobile Phone:
Address:	City, State & Zip:	Work Phone:
E-Mail:	U.S. Citizenship: <input type="checkbox"/> YES <input type="checkbox"/> NO	

### GRADUATE PROGRAM INFORMATION

Graduate Program/University:	Program Degree:	Type of Program: <input type="checkbox"/> Clinical <input type="checkbox"/> Counseling <input type="checkbox"/> Both
Current Year in Program:	APA Accreditation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Director of Clinical Training (DCT) Name:	DCT Phone:	DCT E-Mail:

List your coursework relevant to an externship at our facility:

List previous externship sites and focus of that training:

### AVAILABILITY

For which externship cycle would you like to be considered (Check all that apply)?

☐ Summer (May 2023-Aug 2023) ☐ Fall (Aug 2023-Dec 2023) ☐ Spring (Jan 2024-May 2024)

What days of the week and times do you anticipate that you will be available for the externship?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Mornings ☐ Afternoons

Are there any limitations to your anticipated schedule, such as times that you know you will not be available? ☐ YES ☐ NO

If yes, what are they?

### INTERESTS AND GOALS

Describe what you would like from an externship at our facility. What experiences are you interested in obtaining?

Please send the completed form eight weeks prior to the start of your desired cycle to:

**Elizabeth P. Dizney, PsyD**

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